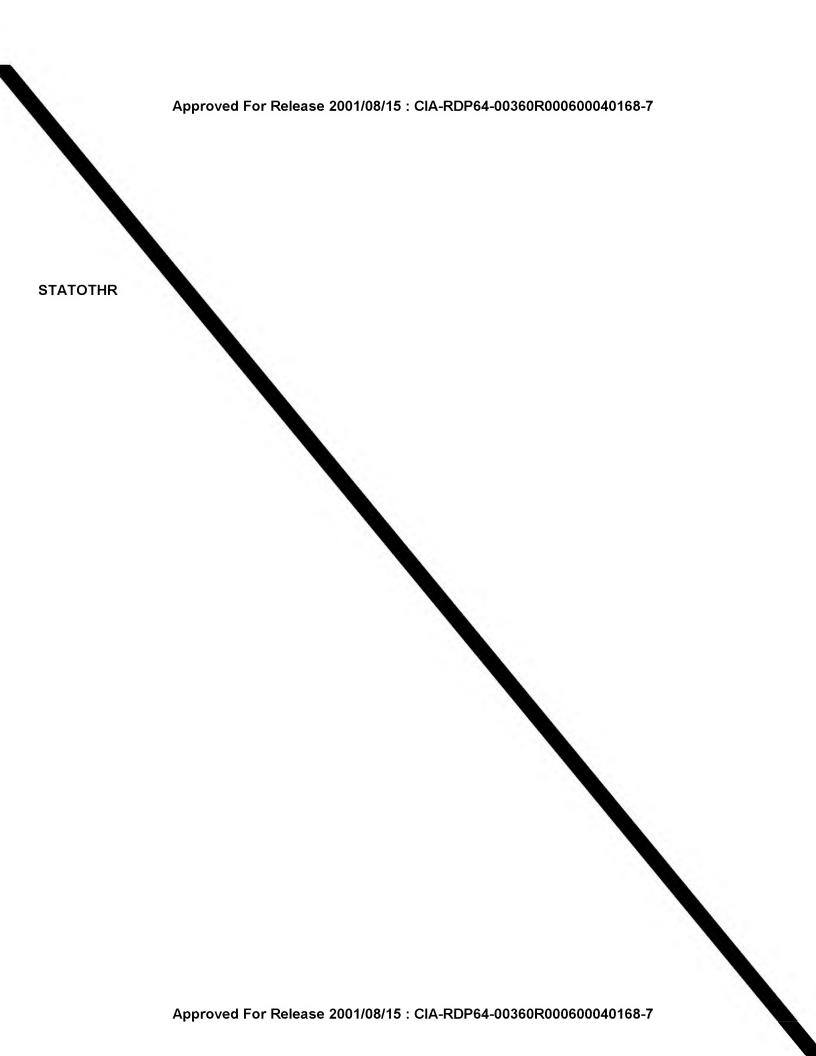
| Copy      | O, O,              | REIMBURSAB                     | LE (Department, bureau,                           |  |                         |                | -           | PAI            | D BY        |
|--|--------------------|--------------------------------|---|--|-------------------------|----------------|-------------|----------------|-------------|
| The UNITED STATES, Dr.,  Payee's Account No  | Voucher prep       | ared at                        |   |  |                         |                | -           | Pn. 1          | 1 #         |
| To   |                    |                                |   |  |                         |                | 1           | non.           | 0           |
| Contract   No. and Date of Date of Delivery or Services  | THE UNITED A       | HAIES, Dr.,                    | rayee's A   | iccount ivo  | .====                   |                |             | CORV           | 1 2         |
| Contract No.   Cont   | То                 |                                |   |  |                         |                | -   1       | COPI           | 1           |
| No. and Date of Date of Delivery or Services    Cost boson   | •                  |                                |   |  |                         |                | _           |                |             |
| No. and Date of polivery of Service    Cinter description, item number of contract or Federal supply of Service   Discount Terms   |                    |                                | dress) (  | (City)   | (State)                 | <del>- 1</del> |             | DDICE          | AN          |
| PAYMENT:  Costs  Complete Costs  C | No. and Date of    | Date of Delivery<br>or Service | (Enter description, item s<br>schedule, and other | number of contract or Fed<br>information deemed nece | leral supply<br>essary) | QUANTITY       |             | 1              | Doll        |
| PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 3-2-59 *Pave.  Per Title Signature or initials)  Contract No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$ SIGN ORIGINAL ONLY  Title Date SIGN ORIGINAL Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN ACREEMENT IN ANY FORM  ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)  Paid by Check No. dated 19 for \$  |                    |                                |   |  |                         |                | Cost        | Per            |             |
| Complete Partial   Use continuation sheet(s) if necessary   Prinal   Prinal   Use continuation sheet(s) if necessary   Prinal   Prinal   Prinal   Use continuation sheet(s) if necessary   Prinal   |                    |                                | Costs   |  |                         |                |             | ĺ              | \$          |
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| Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  | Per                |                                |   |  |                         |                |             |                |             |
| † Approved for \$  | Contract No.       | a101                           | Date  | Req. No.   |                         | Date           | I           | nvoice Rec     | d           |
| † Approved for \$  |                    |                                | +   |  |                         |                |             |                |             |
| By   | Pursuant to author | ority vested in me,            | I certify that this account is co                 | rrect and proper for paying                          | ient.                   |                |             |                |             |
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